

**MULTIPLE DEPENDENT CLAIM
 FEE CALCULATION SHEET**
 (FOR USE WITH FORM PTO-875)

SERIAL NO.
10/070312

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED		FIRST AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/		
2	/	/	/		
3	/	/	/		
4	/	/	/		
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TOTAL IND.	/	/	/		
TOTAL DEP.	7	7	7		
TOTAL CLAIMS	8	8	8		

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TOTAL IND.					
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TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS